

IOWA DEPARTMENT OF WATER, AIR AND WASTE MANAGEMENT
BIENNIAL HAZARDOUS WASTE REPORT
FOR CALENDAR YEAR 1983

HAZARDOUS WASTE
PROGRAM

SECTION A - HAZARDOUS WASTE OPERATION CATEGORY

(select the category which describes your operation)

CATEGORY

- 1 A hazardous waste generator that ships waste off-site within 90 days of generation, and does not treat, store or dispose of waste on-site.
- 2 A hazardous waste generator that also treats, stores 1000 kg. or more for more than 90 days, or disposes of all of generated waste on-site.
- 3 A hazardous waste generator that ships some generated waste off-site within 90 days of generation, and also treats, stores 1000 kg. or more for more than 90 days, or disposes of some generated waste on-site.
- 4 A facility that does not generate hazardous waste, but treats, stores or disposes of hazardous waste on-site.

ENTER CATEGORY HERE =>

1

SECTION B - TO BE COMPLETED BY CATEGORIES 1, 2 AND 3

1. You are not required to report as a hazardous waste generator under any of the following conditions. Check the block that meets the definition of your operation, if appropriate.

- ☐ NON-HANDLER Did not handle hazardous waste in any quantity during the calendar year 1983.
- ☐ SMALL-QUANTITY GENERATOR Did not generate more than 1000 kg. of hazardous waste (or more than 1 kg. of acutely hazardous waste) in any single month, or accumulate more than 1000 kg. of hazardous waste (or more than 1 kg. of acutely hazardous waste) on-site at any time during calendar year 1983.
- ☐ EXEMPT All wastes were generated in farming operations (40 CFR §262.51) or exempt pursuant to 40 CFR §261.4.
- ☐ BENEFICIAL USE All hazardous waste generated was beneficially used, reused, or recycled on-site prior to transportation or storage of more than 90 days, in accordance with 40 CFR §261.2 and §261.6(a).
- ☐ CLOSED Installation was closed prior to the beginning of calendar year 1983.
The status of this closed installation is ☐ TEMPORARY/ ☐ PERMANENT

2. ☐ This installation does not qualify for an exemption under 1, above.
[You are required to report as instructed in Section E on the reverse]

SECTION C - TO BE COMPLETED BY CATEGORIES 2, 3 AND 4

1. COST ESTIMATE FOR FACILITY CLOSURE 2. COST ESTIMATE FOR POST-CLOSURE MONITORING & MAINTENANCE
(where applicable)

\$

\$

3. Check here ☐ If your facility did not treat, store or dispose of regulated quantities of hazardous waste during calendar year 1983. Refer to definitions in Section B, above - This exemption was maintained because the facility qualified as:

NON-HANDLER ☐ (Check here ☐ if you wish to formally withdraw your Part A permit application and have not previously done so.)

CLOSED ☐

4. ☐ This facility does not qualify for an exemption under 3., above.
[You are required to report as instructed in Section E on the reverse.]

SECTION D - TO BE COMPLETED BY ALL CATEGORIES

CHIEF EXECUTIVE OFFICER
MACKAY-IOWA ENVELOPES
HAYES INDUSTRIAL PARK
MT PLEASANT

IA 52641

IAD098721517

2. LOCATION OF OPERATION (if different from mailing address)



R00172603
RCRA RECORDS CENTER

3. EPA I.D. NUMBER

IAD 098721517

4. NAME OF CONTACT PERSON

Les Flachbart

5. AREA CODE/TELEPHONE NUMBER

1-319-385-9061

CONTINUED ON REVERSE

SECTION E - REPORTING INSTRUCTIONS

Reproduce this page whenever any given listing exceeds 13 line numbers. Enter your I.D. NUMBER on each page used and number the pages in the space provided. Complete Section G only on the original of this page.

CATEGORY 1 Complete an individual Section F for each facility to which you shipped waste during this report period, reproducing this page as necessary, and Section G on the first page only.

CATEGORY 2 Complete item 1 (List your own I.D. number in this item) and item 5 of Section F (reproducing this page as necessary), and Section G on the first page only.

CATEGORY 3 Complete at least 2 reports, prepared as instructed for Categories 1 and 2.

CATEGORY 4 Complete Section F for each generator from which you received waste during the period of this report, reproducing this page as necessary, and complete Section G on the original page only.

SECTION F - HAZARDOUS WASTE MANAGEMENT

Items 1, 2 & 3: List the EPA I.D. number, name & address of the company to which you moved or from which you received hazardous waste.

1. EPA I.D. NUMBER 2. NAME 3. MAILING ADDRESS
 WID 990829475 Waste Research & Reclamation Route 7 East Claire Wi 54701
 4. TRANSPORTATION SERVICES USED - IDENTIFY BY NAME AND EPA I.D. NUMBER
 Barton Salvants, Inc. P.O. Box 900 Bettendorf Iowa 52722 IAD 087125936

5. WASTE IDENTIFICATION
(see attached instructions)

| LINE NO. | DESCRIPTION OF WASTE | HAZARDOUS WASTE CODES | HANDLING CODE | AMOUNT OF WASTE (kilograms) |
|----------|------------------------|-----------------------|---------------|-----------------------------|
| 1 | Ignitable Waste Ethyl- | D001 | | 5,388.732 |
| 2 | Alcohol | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

SECTION G - CERTIFICATION
(to be completed by all categories)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and any attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME OF AUTHORIZED REPRESENTATIVE (print or type) TITLE (vice-president or higher authority)
 TED FLACKSBARTH VICE PRES. + PLANT MANAGER
 SIGNATURE DATE
 Ted FlacksbARTH 2-4-84